

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1	1						1		
2		1						1	
3			1						
4		1							
5			1						
6			1						
7		1							
8		1							
9		1							
10	1								
11	1								
12	1								
13		1							
14	1								
15		1							
16		1							
17		1							
18		1							
19	1								
20		1							
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
TOTAL IND.	5								
TOTAL DEP.	15	←	←	←					
TOTAL CLAIMS	20								
TOTAL IND.									
TOTAL DEP.		←	←	←					
TOTAL CLAIMS									